

**CONNELL FOLEY PAC**  
A New Jersey Non-Profit Corporation  
85 Livingston Avenue  
Roseland, New Jersey 07068-3702  
(973) 535-0500  
Facsimile: (973) 535-9217

RECEIVED  
FEC MAIL CENTER  
2015 JUL 16 AM 9:48

July 15, 2015

*VIA FEDERAL EXPRESS*

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

**Re: Connell Foley PAC, a New Jersey  
Non-Profit Corporation  
FED ID No. C00388181**

Dear Sir:

Enclosed for filing please find an original FEC Form 3X, Report of Receipts and Disbursements filed on behalf of Connell Foley PAC, a New Jersey Non-Profit Corporation, for the period April 1, 2015 through June 30, 2015.

Very truly yours,

JOHN P. LACEY

JPL:pb  
Enclosure

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2015 JUL 16 AM 9:48

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CONNELL FOLEY PAC

ADDRESS (number and street)

85 LIVINGSTON AVENUE

Check if different  
than previously  
reported. (ACC)

ROSELAND

NY

07068

3703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 8 8 1 8 1

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

X July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

0 4

0 1

2 0 1 5

through

0 6

2 0

2 0 1 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN P. LACEY

Signature of Treasurer

John P. Lacey

Date

07/15/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONNELL FOLEY PAC

Report Covering the Period: From: 0 4 0 1 2 0 1 5 To: 0 6 3 0 2 0 1 5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2 0 1 5		9 9 2 9 4
(b) Cash on Hand at Beginning of Reporting Period.....	1 8 7 6 9 4	
(c) Total Receipts (from Line 19) .....	7 0 0 0 0 0	8 0 0 0 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	8 8 7 6 9 4	8 9 9 2 9 4
7. Total Disbursements (from Line 31) .....	7 7 0 0 0 0	7 8 1 6 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1 1 7 6 9 4	1 1 7 6 9 4
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONNELL FOLEY PAC

Report Covering the Period:

From:

0 4 0 1 2 0 1 5

To:

0 6 3 0 2 0 1 5

## **I. Receipts**

### **COLUMN A** Total This Period

### **COLUMN B** Calendar Year-to-Date

#### 11. Contributions (other than loans) From:

##### (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4 2 3 2 2 9

4 8 4 3 6 6

(ii) Unitemized.....

2 7 6 7 7 1

3 1 5 6 3 4

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7 0 0 0 0 0

8 0 0 0 0 0

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

7 0 0 0 0 0

8 0 0 0 0 0

#### 12. Transfers From Affiliated/Other

Party Committees.....

#### 13. All Loans Received.....

#### 14. Loan Repayments Received.....

#### 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

#### 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

#### 17. Other Federal Receipts

(Dividends, Interest, etc.).....

#### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

#### 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

7 0 0 0 0 0

8 0 0 0 0 0

#### 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

7 0 0 0 0 0

8 0 0 0 0 0

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	0 0 0	1 1 6 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0 0 0	1 1 6 0 0
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	7 7 0 0 0 0	7 7 0 0 0 0
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7 7 0 0 0 0	7 8 1 6 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	7 7 0 0 0 0	7 8 1 6 0 0

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7 0 0 0 0 0	8 0 0 0 0 0
34. Total Contribution Refunds (from Line 28(d)) .....	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7 0 0 0 0 0	8 0 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 0 0	1 1 6 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0 0 0	1 1 6 0 0

2015-07-16 PM 00:00:41-10

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 5	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

<b>A. CROMIE, JOHN D</b> Full Name (Last, First, Middle Initial) Mailing Address 85 LIVINGSTON AVENUE City State Zip Code ROSELAND, NJ 07068-3702 FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1 Name of Employer CONNELL FOLEY, LLP Occupation ATTORNEY Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2 7 7 5 2		Date of Receipt 0 6 3 0 2 0 1 5 Amount of Each Receipt this Period 2 4 0 9 8
<b>B. GARDNER, KEVIN R</b> Full Name (Last, First, Middle Initial) Mailing Address 85 LIVINGSTON AVENUE City State Zip Code ROSELAND, NJ 07068-3702 FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1 Name of Employer CONNELL FOLEY, LLP Occupation ATTORNEY Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5 1 8 9 6		Date of Receipt 0 6 3 0 2 0 1 5 Amount of Each Receipt this Period 4 5 3 0 7
<b>C. LACEY, JOHN P</b> Full Name (Last, First, Middle Initial) Mailing Address 85 LIVINGSTON AVENUE City State Zip Code ROSELAND, NJ 07068-3702 FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1 Name of Employer CONNELL FOLEY, LLP Occupation ATTORNEY Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2 0 8 1 4		Date of Receipt 0 6 3 0 2 0 1 5 Amount of Each Receipt this Period 1 7 6 0 9

SUBTOTAL of Receipts This Page (optional) ▶

8 7 0 1 4

TOTAL This Period (last page this line number only) ▶

2015-07-16 PM 00:00:00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER  
(check only one)

PAGE 2 OF 5

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MCBRIDE, MICHAEL X</b>		Date of Receipt 0 6 3 0 2 0 1 5	
Mailing Address 85 LIVINGSTON AVENUE City ROSELAND, NJ 07068-3702		Amount of Each Receipt this Period 3 2 1 2 8	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1			
Name of Employer <b>CONNELL FOLEY, LLP</b>		Occupation <b>ATTORNEY</b>	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 3 6 7 7 2	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MCCANN, JAMES C</b>		Date of Receipt 0 6 3 0 2 0 1 5	
Mailing Address 85 LIVINGSTON AVENUE City ROSELAND, NJ 07068-3702		Amount of Each Receipt this Period 2 5 1 0 4	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1			
Name of Employer <b>CONNELL FOLEY, LLP</b>		Occupation <b>ATTORNEY</b>	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 2 8 9 0 8	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MCGOVERN, PHILIP F</b>		Date of Receipt 0 6 3 0 2 0 1 5	
Mailing Address 85 LIVINGSTON AVENUE City ROSELAND, NJ 07068-3702		Amount of Each Receipt this Period 3 2 0 4 7	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1			
Name of Employer <b>CONNELL FOLEY, LLP</b>		Occupation <b>ATTORNEY</b>	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 3 6 5 4 0	

**SUBTOTAL** of Receipts This Page (optional)..... ►

8 9 2 7 9

**TOTAL** This Period (last page this line number only)..... ►

2015-07-16 00:00:00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER.		PAGE 3 OF 5	
(check only one)			
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

Full Name (Last, First, Middle Initial)

**A. MORYAN, JEFFREY W**

Mailing Address  
85 LIVINGSTON AVENUE

City State Zip Code  
ROSELAND, NJ 07068-3702

FEC ID number of contributing  
federal political committee. C 0 0 3 8 8 1 8 1

Name of Employer  
CONNELL FOLEY, LLP

Occupation  
ATTORNEY

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
2 3 1 2 7

Date of Receipt

0 6 3 0 2 0 1 5

Amount of Each Receipt this Period

1 9 9 2 1

Full Name (Last, First, Middle Initial)

**B. PIZZI, PETER J**

Mailing Address  
85 LIVINGSTON AVENUE

City State Zip Code  
ROSELAND, NJ 07068-3702

FEC ID number of contributing  
federal political committee. C 0 0 3 8 8 1 8 1

Name of Employer  
CONNELL FOLEY, LLP

Occupation  
ATTORNEY

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
2 7 9 8 3

Date of Receipt

0 6 3 0 2 0 1 5

Amount of Each Receipt this Period

2 4 2 6 9

Full Name (Last, First, Middle Initial)

**C. VITIELLO, ANTHONY F**

Mailing Address  
85 LIVINGSTON AVENUE

City State Zip Code  
ROSELAND, NJ 07068-3702

FEC ID number of contributing  
federal political committee. C 0 0 3 8 8 1 8 1

Name of Employer  
CONNELL FOLEY, LLP

Occupation  
ATTORNEY

Receipt For:  
Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼  
4 4 4 0 3

Date of Receipt

0 6 3 0 2 0 1 5

Amount of Each Receipt this Period

3 8 8 0 2

SUBTOTAL of Receipts This Page (optional).....▶

8 2 9 9 2

TOTAL This Period (last page this line number only).....▶

2015-07-16 PM 00:00:07

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 4 OF 5	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. WALSH, LIZA M</b></p> <p>Mailing Address</p> <p>85 LIVINGSTON AVENUE</p> <p>City State Zip Code</p> <p>ROSELAND, NJ 07068-3702</p> <p>FEC ID number of contributing federal political committee.</p> <p>C 0 0 3 8 8 1 8 1</p> <p>Name of Employer Occupation</p> <p>CONNELL FOLEY, LLP ATTORNEY</p> <p>Receipt For: Aggregate Year-to-Date ▼</p> <p>Primary General  Other (specify) ▼ 7 0 5 3 7</p>		<p>Date of Receipt</p> <p>0 6 3 0 2 0 1 5</p> <p>Amount of Each Receipt this Period</p> <p>6 1 7 0 1</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. HARRINGTON III, CHARLES J</b></p> <p>Mailing Address</p> <p>85 LIVINGSTON AVENUE</p> <p>City State Zip Code</p> <p>ROSELAND, NJ 07068-3702</p> <p>FEC ID number of contributing federal political committee.</p> <p>C 0 0 3 8 8 1 8 1</p> <p>Name of Employer Occupation</p> <p>CONNELL FOLEY, LLP ATTORNEY</p> <p>Receipt For: Aggregate Year-to-Date ▼</p> <p>Primary General  Other (specify) ▼ 2 0 3 5 2</p>		<p>Date of Receipt</p> <p>0 6 3 0 2 0 1 5</p> <p>Amount of Each Receipt this Period</p> <p>1 8 0 1 5</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. MCCANN, W. NEVINS</b></p> <p>Mailing Address</p> <p>85 LIVINGSTON AVENUE</p> <p>City State Zip Code</p> <p>ROSELAND, NJ 07068-3702</p> <p>FEC ID number of contributing federal political committee.</p> <p>C 0 0 3 8 8 1 8 1</p> <p>Name of Employer Occupation</p> <p>CONNELL FOLEY, LLP ATTORNEY</p> <p>Receipt For: Aggregate Year-to-Date ▼</p> <p>Primary General  Other (specify) ▼ 2 1 2 7 7</p>		<p>Date of Receipt</p> <p>0 6 3 0 2 0 1 5</p> <p>Amount of Each Receipt this Period</p> <p>1 8 8 5 0</p>

SUBTOTAL of Receipts This Page (optional).....▶

9 8 5 6 6

TOTAL This Period (last page this line number only).....▶

2015-07-16 09:00:00 AM

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER  
(check only one)

PAGE 5 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

Full Name (Last, First, Middle Initial)

**A. MCHENRY, JONATHAN P**

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing  
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 8 1 4

Date of Receipt

0 6 3 0 2 0 1 5

Amount of Each Receipt this Period

1 8 4 7 8

Full Name (Last, First, Middle Initial)

**B. RYAN, ROBERT E**

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing  
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 2 3 7 7

Date of Receipt

0 6 3 0 2 0 1 5

Amount of Each Receipt this Period

2 8 7 2 3

Full Name (Last, First, Middle Initial)

**C. CROWLEY, MICHAEL**

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing  
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 8 1 4

Date of Receipt

0 6 3 0 2 0 1 5

Amount of Each Receipt this Period

1 8 1 7 7

SUBTOTAL of Receipts This Page (optional).....▶

6 5 3 7 8

TOTAL This Period (last page this line number only).....▶

4 2 3 2 2 9

2015-01-10 10:00:00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER.  
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

Full Name (Last, First, Middle Initial)

<b>A. NJGOP</b> Mailing Address 150 WEST STATE STREET, SUITE 230 City TRENTON State NJ Zip Code 08608 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name CHRIS CHRISTIE Office Sought: House Senate President State: <input checked="" type="checkbox"/> District: Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> DONATION			Date of Disbursement 0 6 1 7 2 0 1 5 Amount of Each Disbursement this Period 5 0 0 0 0 0 Category/ Type 0 1 1
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<b>B. HILLARY FOR AMERICA</b> Mailing Address PO BOX 2001 City NEW YORK State NY Zip Code 10116 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name HILLARY CLINTON Office Sought: House Senate President State: <input checked="" type="checkbox"/> District: Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> DONATION			Date of Disbursement 0 6 3 0 2 0 1 5 Amount of Each Disbursement this Period 2 7 0 0 0 0 Category/ Type 0 1 1
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<b>C.</b> Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Disbursement For: Primary General <input type="checkbox"/> Other (specify) <input type="checkbox"/> DONATION			Date of Disbursement Amount of Each Disbursement this Period Category/ Type
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SUBTOTAL of Disbursements This Page (optional).....	7 7 0 0 0 0
TOTAL This Period (last page this line number only).....	7 7 0 0 0 0



Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked Date of Receipt

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark


☒ Overnight Delivery Service (Specify): *Fed Ex* Shipping Date *7/15/15*  
Next Business Day Delivery ☒

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

  
PREPARER  
(3/2015)

*7/16/15*  
DATE PREPARED

2015-07-16 09:00:00